



Chilton Police Department

42 SCHOOL STREET CHILTON, WI 53014
Phone: (920) 849-4855 Fax: (920) 849-3564



Craig Plehn, Police Chief

Jason Kvalheim, Police Captain

Date of Request: _____

Requestor's Name: _____ Email Address: _____

Requestor's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Report: ☐ Incident ☐ Accident ☐ Other Incident #: _____

Date of Report: ____/____/____ Address of Incident: _____

Name of person included in report/record, if known: _____

Criminal Record Clearance (list of arrests and contacts with Chilton Police Dept. only):

Name: _____ Date of Birth: _____

Prior Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

NOTE: ALL juvenile records are closed to inspection and the Chilton Police Department will neither confirm nor deny that any such record exists.

DEPARTMENT USE

Date Received: ____/____/____

REQUEST: Approved / Denied (Circle One)

Reviewed By: _____ Rank: _____ Date: ____/____/____

Basis for Denial: _____

Fee Due: _____ Fee Paid: Yes / No Receipt #: _____

*** THIS FORM IS TO BE PLACED IN THE POLICE DEPARTMENT'S OPEN RECORDS REQUEST FILE AND IS TO BE MAINTAINED AS AN OFFICIAL LOCAL GOVERNMENT (POLICE) RECORD***

NOTE: Persons requesting access to records of the City of Chilton Police Department will be asked to complete this request form; however, completion of this request form is not a requirement for access to official records kept in the normal course of business by the City of Chilton Police Department. Release of records is subject to all applicable rules governing such release as noted in WI Statutes.